

**THIRD OFF-SITE CORRECTIVE ACTION PLAN  
ASSESSMENT**

of

**LAKE CITY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted October 10-12, 2017

**CMA STAFF**

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CAP Assessment Distributed on February 4, 2019

## **CAP Assessment of Lake City Correctional Facility**

### **I. Overview**

On October 10-12, 2017, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Lake City Correctional Facility (LCCF). The survey report was distributed on November 7, 2017. In December 2017, LCCF submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the October 2017 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On March 23, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 24, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 5 of 5 physical health findings and 9 of 15 mental health findings were corrected.

On July 24, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on October 1, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 1 of 6 mental health findings and were corrected.

On January 10, 2019, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on January 30, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### **II. Physical Health Assessment Summary**

All physical health findings closed at the first CAP assessment.

### **III. Mental Health Assessment Summary**

The CAP closure files revealed evidence to determine that 5 of 5 mental health findings were corrected. All mental health findings are closed.

Finding	CAP Evaluation Outcome
<p><b><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></b></p> <p>A comprehensive review of 3 Self-harm Observation Status (SHOS) admissions revealed the following deficiencies:</p> <p><b>MH-1:</b> In 2 records, SHOS orders were not cosigned by the next working day.</p> <p><b>MH-2:</b> In 1 record, documentation did not indicate the inmate was observed at the frequency ordered by the clinician.</p> <p><b>MH-3:</b> In 1 record, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p>	<p><b>MH-1, MH-2, &amp; MH-3 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation was provided to close MH-1, MH-2, &amp; MH-3.</p>

Finding	CAP Evaluation Outcome
<p><b><u>OUTPATIENT PSYCHOTROPIC MEDICATION PRACTICES</u></b></p> <p><b>MH-10:</b> In 2 of 2 applicable records (16 reviewed), there was no evidence of nursing education provided to the inmate after 2 consecutive medication refusals or 5 in one month.</p>	<p><b>MH-10 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-10.</p>

Finding	CAP Evaluation Outcome
<p><b><u>AFTERCARE PLANNING</u></b></p> <p><b>MH-14:</b> In 2 of 6 records, consent to release information for continuity of care was not completed.</p>	<p><b>MH-14 CLOSED</b></p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-14.</p>

#### **IV. Conclusion**

All findings as a result of the October 2017 survey are closed and no further action is required. The CMA appreciates the efforts to improve services and documentation at this institution and continues to encourage ongoing quality improvement activities to ensure that the proper provision of health care services is maintained.